Heipa Youth Application Wild Water West 2016

| Parent Name: | | |
|--|--------------------------|-------|
| Childs Name/s: | DOB: | Age: |
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| A daluage. | | |
| Address: | | |
| Phone Number: | | |
| Emergency Contact Number: | | |
| I understand that Heipa Youth District is not liable for any lost/stolen items my child takes on trip. I understand my child take accountability for his/her money that will be received on this trip. | | |
| Parents Signature: | | |
| Application deadline has been extended to Th trip arraingements will be made. You can dro PO Box 223 Veblen SD 57270. | • | |
| This application can also be scanned, with you heipadistrict2016@gmail.com or faxed to the number below. | ır signature, and emaile | d to: |

Phone (605) 738-2324 Fax (605) 738-2379

There is no age limit on this trip. One parents transportation, via bus, will be provide.